/0/70/203
Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									790-000				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	NTITY	OR	OTHER		
TO	OTAL CLAIMS		11				-	RATE	FEE	7	RATE	FEE	
FC	DR .	-	NUMBER FILED		NUME	BER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	// minus 20=		*	_		XS 9=		OR	X\$18=		
IN	DEPENDENT C	LAIMS	2 minus 3 =		* -			X43=		OR	X86=		
Μŧ	ILTIPLE DEPE	NDENT CLAIM P	RESENT					. 1 45		1	· · ·		
* If the difference in column 1 is less than zero, enter "0" in column						column 2	Į	+145=	<u> </u>	OR	L		
								TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- //	Minus	2	V	=		XS 9=	-	OR	X\$18=		
AME	Independent	. 2	Minus	***	3	s		X43=	_	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
		L	TOTAL			TOTAL							
		(Column 1)		(Colum	nn 2)	(Column 3)	Α	DDIT. FEE	L	J • · · ·	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290≟		
										OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLÝ	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					foun	d in the ap	propriate box	in col	umn 1.		